Office of the Governor Arnold Schwarzenegger



Internship Application Form

Please provide the following information:

Name:					
Date of Birth					
Social Security Number					
Drivers License Number					
Phone Number:					
Address:					
Permanent Address:					
E-mail:					
Party affiliation: (optional)					
College address:					
Major (include minor and/or option):					
Graduation Date and Degree:					
Will you be receiving credit for this internship?					
If so, what is the name of the program?					

Applying for:	Spring:	Summer:	Fall:		
What days/hours will you be available?					
Office of interest:					
Do you have previous <u>work</u> experience in the federal, state, or local government? Please explain:					
Please describe below.					
Title	Duties	Supervisor	r name and number:	Dates:	
Can you perform the functions of this job (essential and/or marginal), with or without accommodations?" If no, please provide brief description:					
Please describe yourself and your future career aspirations:					
Please attach resume and references. E-Mail to Cecilia Lacoste at:					
Internships@gov.ca.gov					